

**ANNE ARUNDEL COUNTY, MARYLAND**  
**DOMESTIC VIOLENCE FATALITY REVIEW TEAM (DVFRT)**  
**2004 ANNUAL REPORT**

**Part 1.                    Executive Summary**

- ***Background***

In October, 2003 the Maryland Network Against Domestic Violence (MNADV) received a grant from the State of Maryland/Governor's Office of Crime Control and Prevention which had received funding from the federal Violence Against Women Act in order to organize and develop a local pilot Domestic Violence Fatality Review Team (DVFRT). Anne Arundel County, Maryland was chosen to pilot the project based on the active role of the Anne Arundel County Domestic Violence Coordinating Council. Anne Arundel County State's Attorney Frank R. Weathersbee was contacted by the MNADV and asked to sponsor the pilot project and provide leadership for the creation of the first such team in Maryland.

Weathersbee agreed, and assigned Chief Investigator David H. Cordle, Sr. to chair the team. As the creator and Coordinator of the Anne Arundel County Witness Security program, Cordle brought to the team experience in Domestic Violence (DV) cases, Threat Assessment as well as experience in the investigation of homicides.

Cordle and the MNADV then began the process of developing a protocol, choosing members of the team, and conducting reviews of domestic violence related fatalities.

- ***Purpose of Fatality Review***

Domestic Violence fatalities are by their very nature tragic in the sense of how they affect families and friends. Far too often domestic violence fatalities can be avoided with proper attention and intervention from a host of government agencies, private programs and health care professionals.

In 2004, sixty-nine men, women and children in the State of Maryland died as a result of domestic violence. With the concentrated efforts of the participating agencies, we hope to provide a framework in which to substantially decrease these numbers in the years to come.

- ***Purpose of Document***

The first annual report of the Anne Arundel County DVFRT is meant to report the progress of this grassroots effort in Maryland, but to also serve as a starting point to guide other jurisdictions

in implementing their own programs. The overall goal of the team was to not only provide a framework for others to build upon, but to identify areas in which those individuals and agencies that interact with victims of DV can improve, refine and increase the level of service in order to prevent DV fatalities.

Though there may be no measure of the effectiveness of the team, the resulting improvement by all agencies and service providers to DV victims will be cause enough to justify our efforts, and just maybe prevent needless deaths.

- ***Team Mission Statement***

The mission of the Anne Arundel County Domestic Violence Fatality Review Team is to reduce the incidence of domestic violence, to prevent the occurrence of domestic violence fatalities, and to improve the quality of life for victims of domestic violence and their families. The team will pursue its mission by committing itself to find the antecedent causes of domestic violence fatalities, by seeking to improve the coordinated community response to domestic violence, by holding abusers accountable for their actions, by recommending improvements in the criminal justice and civil systems that serve victims of abuse, by educating county institutions and citizens in the manner they should view domestic abuse, and by seeking to ensure compliance with its recommendations. In carrying out its mission of heightened community response, the Anne Arundel County Domestic Violence Fatality Review Team hopes to free victims of domestic abuse and their families from the cycle of violence and empower them to pursue their lives without the control that is the stigma of abuse.

## **Part 2. Team and Protocol Development**

- ***Team Development***

The Maryland Network Against Domestic Violence (MNADV), the state's domestic violence coalition, was awarded a Violence Against Women Act (VAWA) grant in October 2003 from the Governor's Office of Crime Control and Prevention to develop a pilot Domestic Violence Fatality Review Team (DVFRT), which would serve as a model for the development of similar teams in other jurisdictions of the state. Presently, more than two dozen other states, or in-state jurisdictions, have created such teams on a legislated, mandated, or voluntary basis. Because of the State's Attorney's interest in domestic violence fatality review, the MNADV designated Anne Arundel to serve as the pilot and asked the Office of the State's Attorney to serve as the lead agency in this endeavor. The State's Attorney agreed and assigned his chief investigator as the interim team leader.

The MNADV and team leader met to plan for the development of the team and requested the following agencies, organizations, and individuals to join the team.

- Anne Arundel County Police Department
- Anne Arundel County Sheriff's Office
- Annapolis Police Department
- Maryland State Police
- Anne Arundel County Department of Social Services
- Anne Arundel County Department of Health
- Anne Arundel Medical Center
- North Arundel Hospital
- Division of Parole and Probation
- YWCA Domestic Violence Program and Sexual Assault Crisis Center
- Anne Arundel County Domestic Violence Coordinating Council
- Office of the Chief Medical Examiner (*later added by the team*)
- Survivor of domestic violence (*later added by the team*)(Appendix 1)

In December 2003, agency and organization heads were invited to a briefing on the pilot project (Appendix 2). Following that meeting representatives were designated and met for the first time as a team in January 2004 and every month thereafter through the year to develop a protocol, attend workshops, and review cases.

- ***Team Training***

In order to familiarize members of the team with the concept of fatality review, each member was provided with a work binder that included the following publications:

- *Reviewing Domestic Violence Deaths*, Neil Websdale, NIJ Journal, Issue No. 250, November 2003.

- *Domestic Violence Fatality Reviews: Recommendations from a National Summit*, Louis W. McHardy and Meredith Hofford, National Council of Juvenile and Family Court Judges, October 1998.
- *Family and Intimate Partner Violence: Fatality Review Team Protocol*, 2<sup>nd</sup> Ed., Office of the Chief Medical Examiner, Virginia Department of Health, December 2002.
- *Confidentiality and Fatality Review*, Robin H. Thompson, Fatality Review Bulletin, Volume 1, Issue 3, Winter 2003.

In February 2004, at the DVFRT's request, Drs. Neil Websdale and Byron Johnson, both primarily instrumental in the creation and development of domestic violence fatality review nationally, conducted a workshop which the DVFRT decided to open up statewide. Sixty-eight people representing 41 agencies and organizations from 20 counties and Baltimore City attended, including the Anne Arundel DVFRT members. The purpose of the workshop was to provide those in attendance with an overview of domestic violence fatality review.

In July 2004, again at the DVFRT's request, Dr. Neil Websdale and Robin H. Thompson, an attorney for the National Domestic Violence Fatality Review Initiative, conducted another workshop for team members, agency heads, and public information officers. The purpose of this workshop was to obtain feedback by national experts on the team's recently completed protocol and to prepare the team for the next phase of its development—the actual review of cases. The theme of the workshop was that the team's purpose should be shaped by the victim's life and the meaning violence had to the victim's life, and that the team should seek to “texturize” a victim's life and death. Dr. Websdale and Ms. Thompson noted that teams can be overwhelmed by administrative procedures and be numbers driven. In order to overcome that constraint, they suggested that the team hold a seminar in which battered women could speak to them so the team could be better informed and be in a better position to consider how victims lived and died. They also suggested including a survivor of domestic violence as a member of the team.

In September 2004, two members of the team attended the domestic violence fatality review national conference in Florida.

As a result of the workshop of July 2004, the team immediately asked a survivor of domestic violence to join the team. At the team's request, the survivor told her story at the next DVFRT meeting.

- ***Protocol Development***

The DVFRT drafted a highly structured and detailed protocol with an intent to identify and address potential problems during the development phase of its work. In doing so, the team considered that it might avoid being bogged down by details when it came time for actual case reviews. Upon its completion, the protocol was sent to the county's Office of Law for advice. The team uses the protocol as an operating tool and evaluates the need for revisions at each of its review meetings. (See Appendix 3 entitled ***Protocol for Conducting Domestic Violence Fatality***

*Reviews.)*

- *Addressing Obstacles*

Because of the member agencies' and organizations' voluntary agreement to join the team, and the fact that Maryland has no legislation concerning domestic violence fatality review, the most significant problem that the team encountered during development was the issue of confidentiality. Many agencies and organizations are prohibited from releasing certain information to the public by law. These constraints applied to virtually all the members on the DVFRT in varying degrees. The team was limited to reviews of information of the public record and to information it might gain from interviews and testimony. Though assured that reviews of the public record would be adequate, and in fact it conducted reviews based on public information, the DVFRT supported the creation of legislation that would permit team members to share otherwise confidential information during reviews. With the DVFRT's active support, the MNADV developed legislation that was supported by the Anne Arundel County Delegation to the Maryland State Legislature during the 2005 legislative session. House Bill 714, entitled **Family law- Local Domestic Violence Fatality Review Teams**, was passed unanimously by the Maryland State Legislature and is slated to become law on July 1, 2005.

### **Part. 3. Scope of Reviews**

The DVFRT will review any adult fatality, whether a homicide, suicide or combination of homicide(s) and suicide with an indication of domestic violence as a contributing factor involving the victim(s), the perpetrator, or third parties.

For the purpose of reviews, domestic violence is defined as an emotional or physical abuse perpetrated by a person against another person with whom the perpetrator has or has had an intimate relationship or with whom the perpetrator resides or has resided.

Child fatalities may be considered for review by the team if the Case Screening Committee determines the review by the legislatively mandated Child Fatality Review Committee does not consider domestic violence factors involved in the case.

Reviews will be limited to adjudicated criminal cases- though the appellate and/or post conviction may not have even been initiated. In the cases involving suicide, any law enforcement investigation must be closed.

- ***Case Screening Committee***

The DVFRT Case Screening Committee (CSC) consists of the Chairman, Vice-Chairman and a “Member at large” who meet at least six weeks prior to the regularly scheduled meeting. During these meetings, all homicides and suicides were reviewed based on case summaries provided by the investigating law enforcement agency.

Based on the reviews, varying numbers of cases were selected for review by the full committee, depending on the scope and complexity of each case. Once the CSC determined the specific cases for review, the full committee was notified of the names of the victims (decedents) and suspects so each member agency could check their records in advance for any information could be presented at the review meeting.

Of the cases selected, the CSC made a determination if any family members, friends and/or neighbors would be beneficial to interview for pertinent information which may not be covered in the case summary prior to the review.

Additionally, in all homicides, the CSC conducted a “post mortem” Danger Assessment (Appendix 4) based on the available case information in order to determine as best as possible the level of danger the victim was in prior to the homicide, based on the associated behaviors contributing to that danger.

- ***Preparation for Reviews***

Having been provided the basic case information (at least one month prior to the review),

member agencies determined if there had been any contact with their agency which would be of assistance during the now pending review. Careful consideration was given to confidentiality issues, which quickly became a hindrance in doing complete reviews with participation from all involved agencies. This was particularly true with the two hospitals participating on the team based on not only standard patient confidentiality issues, but enhanced HIPPA standards.

- ***Review Team Meetings***

Meetings will be held on a quarterly basis, and there must be a quorum present consisting of either primary or alternate members.

## **Part 4. Overview of 2004 Reviews**

- ***Introduction***

The protocol development process took a considerable amount of the 2004 calendar year. A careful, step by step process for developing the protocol was felt to be a top priority by all members of the team, therefore, what we sacrificed in “volume” of reviews for the first year, we gained by having a comprehensive protocol fully accepted by all member agencies.

Five cases were reviewed, representing a myriad of domestic violence situations- multiple homicides, homicide/suicide and a male victim.

- ***2004 Reviews***

Victimization:

Case # 1- Homicide- Boyfriend (age 38)/Girlfriend (age 44), female victim, strangulation

Case # 2- Homicide/Suicide- Husband (age 36)/Wife (age 34), estranged, female victim, male suicide, handgun

Case # 3- Homicide- Husband (age 66)/Wife (age 57), male victim, rifle

Case # 4- Triple Homicide/Suicide- Husband ( age 43)/Wife (age 40), estranged, female victim as well as her parents (male 61 female 58), male suicide, handgun

Case # 5- Homicide- Boyfriend (age 49)/Girlfriend (age 50), female victim, stabbing

- ***Statistical Breakdown***

Average age of male perpetrator:	41.5
Average age of female perpetrator:	57 (only one)
Average age of male decedent (homicide):	63.5
Average age of female decedent (homicide)	45.2
Average age of male suicide:	39.5
Average age of female suicide:	N/A
Sex of perpetrator:	Male 80%

	Female 20%
Sex of decedents:	Female 83%
	Male 17%
Location of offense:	Shared home 60%
	Female's home 40%
Weapons:	Firearms 80%
	Sharp instrument 20%
Relationship:	Husband/Wife- 20%
	Boyfriend/Girlfriend- 40%
	Husband/Wife estranged- 40%
History*:	Previous police contact- 40%
	Protective/Peace Orders- 20%
	No service provider contact- 60%

\* One case had both police contact and a protective/peace order which accounts for the percentages above.

## **Part 5. Findings and Recommendations**

The Anne Arundel County DVFRT was created to review domestic homicides by assessing and analyzing individual cases in order to prevent future domestic homicides. In our attempt to achieve this goal, the team agreed that we should work together to provide more effective responses to domestic violence situations, holding participating agencies responsible without attaching the stigma of blame.

With these goals in mind, specific systemic shortfalls were identified based on the limited number of cases reviewed during this first year of existence:

**Finding:** That a need exists for improved communication concerning matters related to domestic violence among agencies, organizations, and individuals that provide services for victims of domestic violence.

**Recommendation:** That all agencies, organizations, and individuals that provide services for victims of domestic violence become active participants in the Anne Arundel Domestic Violence Coordinating Council.

**Finding:** That a need exists to provide victims' survivors with follow-up contact and services, as might be appropriate, helpful, and desired by such survivors.

**Recommendation:** That the Anne Arundel Domestic Violence Fatality Review Team seek to develop a proactive, coordinated protocol by which its participating members would seek to determine whether the survivors of victims need and wish services identified by the survivors that can be delivered by team members or others.

**Finding:** That, given the number of domestic violence fatalities that have occurred in Anne Arundel County in recent years, a need exists for enhanced public education, combined with enhanced agency/service provider community outreach, about domestic violence.

**Recommendation:** That the Anne Arundel Domestic Violence Fatality Review Team, working in concert with the Anne Arundel Domestic Violence Coordinating Council, begin the development of a county-wide domestic violence educational campaign.

Respectfully submitted,

David H. Cordle, Sr.  
Chairman

## **Appendices:**

Appendix 1	Membership Roster
Appendix 2	Briefing for Member Agencies
Appendix 3	Protocol for Conducting Domestic Violence Fatality Reviews
Appendix 4	Danger Assessment Questionnaire

## **Appendix 1- Membership Roster**

### **Anne Arundel County State's Attorney's Office**

David H. Cordle, Sr (Chairperson)  
Anastasia Prigge  
Maria Putzi

### **YWCA of Anne Arundel County**

Janis Harvey  
Marie Earlington

### **Anne Arundel Medical Center**

Laurel Burnett  
China McHold  
Nicole White

### **North Arundel Hospital**

Linda Marinakis

### **Anne Arundel County Division of Parole and Probation**

Joseph Clocker  
Donald Kumer

### **Anne Arundel County Department of Social Services**

Vacant

### **Anne Arundel County Department of Health**

Linda Y. Fassett, Ed.D.  
Maria Casasco

**Anne Arundel County Police Department**

SGT Kenneth Arbaugh

**Annapolis Police Department**

Captain Barbara Hopkins  
Lieutenant William Powell

**Anne Arundel County Sheriff's Office**

Captain William "Ed" Smith  
Lieutenant Dennis Czorapinski

**Maryland State Police**

Detective Sergeant Jeannie Mastronardi

**Office of the Chief Medical Examiner, State of Maryland**

Dr. Susan Hogan

**Anne Arundel County Domestic Violence Coordinating Council**

Jules Johnson

**Civilian Domestic Violence Survivor**

Lisa Spicknall

**Maryland Network Against Domestic Violence (Grant Administrator)**

David M. Sargent  
Michelle Mueller

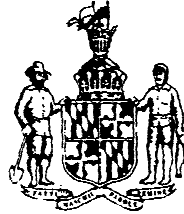


# Appendix 3- Protocol for Conducting Domestic Violence Fatality Reviews

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## *Anne Arundel County*



### **Domestic Violence Fatality Review Team**

### **Protocol for Conducting Domestic Violence Fatality Reviews**

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**Contents**

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1.	Mission Statement .....	4
2.	Purpose of the Domestic Violence Fatality Review .....	4
a.	Primary Purpose .....	4
b.	Approach .....	4
3.	Team Structure .....	5
a.	Authorization for Formation .....	5
b.	Lead Agency .....	5
c.	Administration .....	5
(1)	Staffing .....	5
(2)	Funding .....	5
(3)	Address .....	5
(4)	Meeting Sites .....	6
d.	Membership .....	6
(1)	Member Agencies/Organizations .....	6
(2)	Designation of Primary and Alternate Representatives .....	6
(3)	Appointment of New Member Agencies/Organizations .....	6
(4)	Criterion for Designation of Member Agency/Organization Representatives .....	6

e.	Leadership .....	7
(1)	Designation of Leadership Positions .....	7
(2)	Regular Elections .....	7
(3)	Interim Elections .....	7
(4)	Election Schedule .....	7
(5)	Service .....	7
(6)	Removal for Cause .....	7
f.	Case Screening Committee .....	7
g.	Recorder .....	8
h.	Records .....	8
(1)	Establishment and Designation of File .....	8
(2)	Maintenance and Supervision of File .....	9
(3)	Release of File Records .....	9
(4)	Retention of File Records .....	9
(5)	Transfer of File .....	9
4.	Scope of Reviews .....	10
5.	Preparation for Meetings .....	10
a.	Gathering Information .....	10
(1)	Case Screening .....	10
(2)	Case-related Materials .....	11
(3)	Recognizing Barriers to Obtaining Information .....	12
b.	Case Profile .....	13
(1)	Background .....	13
(2)	Agencies Involved .....	13
(3)	Policies and Procedures .....	14
(4)	Services Provided .....	14
(5)	Outcomes .....	14
c.	Post Danger Assessment .....	14
d.	Involvement of Other Individuals or Entities in the Review Process, Including Surviving Family Members .....	15
(1)	Determining Significant Persons Associated with the Victim and Who Should Be Interviewed .....	15
(2)	Involvement of Family Members .....	15
(4)	Interviews and Disclosure Prior to Conducting Interviews ..	17
e.	Convening of Meetings .....	18
f.	Confidentiality of Proceedings .....	18
6.	Review Team Meetings .....	19
a.	Rules for Meetings .....	19
b.	Order of Meetings .....	20
c.	Conducting the Review .....	20
(1)	Lead Presentation .....	20

	(2)	Review of Available Documents .....	20
	(3)	Questions .....	21
	(4)	Findings .....	21
	(5)	Discussion of Opposing Findings .....	21
	(6)	Recommendations .....	21
	(7)	Action Concerning Recommendations .....	21
	(8)	Conclusion of Review .....	21
d.		Decision-making .....	22
e.		Evaluating the Review Process .....	22
7.		Final Report .....	22
	a.	Final Report .....	22
	b.	Recording the Team's Findings and Recommendations .....	22
	c.	Format .....	22
	d.	Final Approval .....	23
	e.	Distribution .....	23
	f.	Method of Communicating the Final Report .....	23
8.		Appointment and Training of New Team Member Agencies/Organizations and/or Representatives .....	23
	a.	Appointment of New Team Member Agencies/Organizations and/or Representatives .....	23
	b.	Training of New Team Member Agencies/Organizations and/or Representatives .....	24
9.		Continuing Education and Training of Team Representatives .....	24
10.		Resigning from the Team .....	24
11.		Media Relations .....	25
	a.	Establishing a Positive Relationship .....	25
	b.	How the Media Can Help .....	25
	c.	Information Exchange .....	25
	d.	Public Information Officer .....	26
		Appendices .....	26
		Endnotes .....	27

## **1. Mission Statement**

The mission of the Anne Arundel County Domestic Violence Fatality Review Team (DVFRT) is to reduce the incidence of domestic violence, to prevent the occurrence of domestic violence fatalities, and to improve the quality of life for victims of domestic violence and their families. The team will pursue its mission by committing itself to find the antecedent causes of domestic violence fatalities, by seeking to improve the coordinated community response to domestic violence, by holding abusers accountable for their actions, by recommending improvements in the criminal justice and civil systems that serve victims of abuse, by educating county institutions and citizens in the manner they should view domestic abuse, and by seeking to ensure compliance with its recommendations. In carrying out its mission of heightened community response, the Anne Arundel County Domestic Violence Fatality Review Team hopes to free victims of domestic abuse and their families from the cycle of violence and empower them to pursue their lives without the control that is the stigma of abuse.<sup>1</sup>

## **2. Purpose of the Domestic Violence Fatality Review**

### **a. Primary Purpose**

The primary purpose of domestic violence fatality review in Anne Arundel County is to review deaths in which domestic violence has played a role, with the ultimate intent to prevent future fatal occurrences. The review process is aimed at creating a climate in which institutions and individuals in Anne Arundel County will commit themselves to an enhanced response to domestic abuse as a societal evil and a crime, and to victims that they might pursue a better quality of life.

### **b. Approach**

(1) Fatality review is intended to be a nonjudgmental assessment of events preceding a domestic violence fatality and shall not serve as a forum for placing blame on any agency, organization, or individual. It is a prerequisite of the review process that all team representatives keep before them the unalterable fact that fatalities are the underlying responsibility of the perpetrator.<sup>2</sup>

(2) The review process seeks to enlighten those who are not truly aware of the devastating nature of domestic violence, to

give victims a better understanding of the danger that surrounds them and to enable them to plan for their well-being more effectively and with greater circumspection, to improve the awareness, education, sensitivity, caution, proactiveness, and communication among coordinated community responders.<sup>3</sup>

### **3. Team Structure**

#### **a. Authorization for Formation**

There is no statutory authorization for the formation of a DVFRT in the State of Maryland. The Anne Arundel DVFRT has been formed under the auspices of the State's Attorney's Office and through the voluntary participation of the invited agencies and organizations and their respective team representatives. Invitation to participate was extended by the Maryland Network Against Domestic Violence, which was awarded a Violence Against Women grant to establish a pilot DVFRT,<sup>4</sup> and the Anne Arundel County State's Attorney's Office, which has assumed leadership of the DVFRT because of its interest in going forward with domestic violence fatality review.

#### **b. Lead Agency**

- (1) The "Lead Agency" is that which will oversee the operation of the DVFRT, maintain the Domestic Violence Fatality Review File, and monitor the DVFRT's compliance with its protocol.
- (2) The lead agency may not influence the case review deliberations of the DVFRT.
- (3) The lead agency will serve generally as an advisor to the DVFRT, provide a recorder for review meetings, make recommendations to the DVFRT concerning its operations, appoint a supervisor of the Domestic Violence Fatality Review File if the chairperson is not a member of the lead agency, and advise the DVFRT if it fails to comply with its protocol.

#### **c. Administration**

##### **(1) Staffing**

Through September 30, 2004, the DVFRT will be staffed by the

MNADV. Following that, staffing will be on a voluntary basis by member agencies/organizations, or on a hire basis as funds may become available.<sup>5</sup>

**(2) Funding**

Funding for staff and staff work for the DVFRT will be from the MNADV VAWA grant through September 30, 2004. Following that, the DVFRT will seek funding sources as it determines.<sup>6</sup>

**(3) Address**

The DVFRT will be housed in the Office of the State's Attorney, 7 Church Circle, Suite, 200, Annapolis, MD, 21401. Mail should be sent in care of David H. Cordle, Sr., Chair, Domestic Violence Fatality Review Team.<sup>7</sup>

**(4) Meeting Sites**

Meetings will take place at sites determined by the DVFRT.

**d. Membership**

**(1) Member Agencies/Organizations**

The following are the member agencies/organizations of the DVFRT:

- County Police Department
- County Sheriff's Office
- Annapolis Police Department
- Maryland State Police
- County Department of Social Services
- County Department of Health
- Maryland Division of Parole and Probation
- County State's Attorney's Office
- YWCA
- Domestic Violence Coordinating Council
- Anne Arundel Medical Center
- North Arundel Hospital
- Medical Examiner's Office
- Survivor of domestic violence<sup>8</sup>

**(2) Designation of Primary and Alternate Representatives**

Each member agency/organization will designate a primary and alternate representative, if possible. Both the primary representative and the alternate are encouraged to attend DVFRT meetings together.<sup>9</sup>

**(3) Appointment of New Member Agencies/Organizations**

- (a) Agencies, organizations, or individuals may be added as members by consensus or, barring that, by approval of three-fourths of the voting membership.<sup>10</sup>
- (b) New member agencies/organizations will be asked to sign a letter of agreement that requires the member agency/organization to cooperate with other member agencies/organizations in seeking to fulfill the mission of the DVFRT. (See **Appendix 1** for *Letter of Agreement and Cooperation*.<sup>11</sup>)

**(4) Criterion for Designation of Member Agency/Organization Representatives**

Member agencies/organizations are urged to appoint representatives who have an awareness of domestic violence and a desire to fulfill the mission of the DVFRT.

**e. Leadership**

**(1) Designation of Leadership Positions**

Leadership of the DVFRT will be comprised of a chairperson and vice-chairperson, who will lead meetings in the absence of the chairperson.

**(2) Regular Elections**

Election of the chairperson and vice chairperson will be by a simple majority of the voting representatives in attendance at the meeting in which a vote is taken.<sup>12</sup>

**(3) Interim Elections**

- (a) If an office requires replacement, an interim election

will be held.

- (b) Election of interim officers will follow the same procedures as for the election of regular officers.

**(4) Election Schedule**

Regularly scheduled elections will be held every two years during the January meeting of even years to become effective after the meeting.

**(5) Service**

- (a) Elected officers will serve in their elected capacities as chairperson and vice-chairperson for two years.
- (b) Interim officers will serve until the next regularly scheduled election.

**(6) Removal for Cause**

An elected or appointed representative may be removed from his/her position for cause, upon a vote of three-fourths of the voting representatives.

**f. Case Screening Committee**

- (1) In determining which cases match the DVFRT's scope of review, the DVFRT will have a Case Screening Committee, comprised of the chairperson, vice-chairperson, representative from the Anne Arundel County Police Department, and any other DVFRT members who wish to participate.
- (2) If the representative from the Anne Arundel County Police Department is the chairperson or vice-chairperson, an election of the third member will be held utilizing the same procedure as for the election of officers.
  - (a) Such election, if one is necessary, will occur at the same time as the election of officers.
  - (b) The elected case screener will retain his/her position for the same two-year period as the officers.<sup>13</sup>

**g. Recorder**

- (1) A staff member from the lead agency will be appointed to serve as recorder of the DVFRT meetings.
- (2) The primary duties of the recorder will be to prepare the minutes during the open part of DVFRT meetings; record notes pertaining to the individual case reviews during the closed part of DVFRT meetings; and to finalize the minutes and notes following the meeting.
- (3) The recorder will sign the *Recurrent Confidentiality Agreement* at the beginning of each case review meeting to signal his/her agreement to abide by the rules of confidentiality set out for DVFRT members.
- (4) If the staff person appointed as recorder is unable to be at a meeting, another person from the lead agency may be appointed as a substitute recorder.

**h. Records**

**(1) Establishment and Designation of File**

- (a) Records initiated by the DVFRT will be maintained and secured by the lead agency in the "Domestic Violence Fatality Review File."
- (b) The file will consist of all records that are generated by the DVFRT and related to the work of the DVFRT such as minutes of meetings, notes concerning reviews, correspondence, completed form letters and agreements, professional articles, journals, and developments concerning domestic violence fatality review.

**(2) Maintenance and Supervision of File**

- (a) All records and forms initiated by and related to the DVFRT will be housed in a secure location in the lead agency.
- (b) The Domestic Violence Fatality Review File will be securely maintained under the supervision of a staff member appointed by the head of the lead agency.

- (i) If the chairperson is a member of the agency, he/she will be the supervisor of the file.
- (ii) The supervisor of the file, whether the chairperson or a staff member, will sign a "Confidentiality Agreement by File Supervisor." (See **Appendix 2** for Confidentiality Agreement by File Supervisor.<sup>14</sup>)

### **(3) Release of File Records**

No record in the file may be released without the authorization of the chairperson, or vice-chairperson or head of the lead agency in the chairperson's absence when the decision concerning the release cannot reasonably wait until the chairperson's return.

### **(4) Retention of File Records**

- (a) Records in this file, except for historical and reference materials, will be retained for three years after the review associated with a particular case. Historical records should be permanently retained. Reference materials may be retained for as long as they remain useful.
- (b) After the three-year period, the records may be destroyed upon the authorization of the chairperson.

### **(5) Transfer of File**

If the designated lead agency changes, the Domestic Violence Fatality Review File will be transferred to the new lead agency, which will be responsible for designating a supervisor and secure site for maintenance of the file.

## **4. Scope of Reviews**

- a. The DVFRT will review any adult fatality, whether a homicide or suicide involving a victim and/or perpetrator or third parties, that has domestic violence as an involved factor. Domestic violence, for purposes of a review, is defined as emotional or physical abuse perpetrated by a person against another person with whom the perpetrator has or has had an intimate relationship or with whom the perpetrator resides or has resided.<sup>15</sup>

- b. Because of the DVFRT's voluntary nature, for a fatality to be reviewable, a homicide must have been adjudicated in the courts and the investigation of a suicide must be closed.<sup>16</sup>

## **5. Preparation for Meetings**

### **a. Gathering Information**

#### **(1) Case Screening**

- (a) In determining which cases match the DVFRT's scope of review, the DVFRT Case Screening Committee (CSC) will meet at least six weeks before the scheduled meetings of the DVFRT to determine which cases have domestic violence markers and should be reviewed by the DVFRT.
- (b) When the Case Screening Committee meets, the Anne Arundel County Police Department representative will present all homicide and suicide cases to the committee so that the committee can examine the cases to determine those which qualify for review by the DVFRT. The committee may also review media and newspaper reports and query the Maryland Network Against Domestic Violence, which tracks domestic fatalities, to be better assured that it has properly reviewed the police cases and included all qualifying cases for the DVFRT review.
- ©) When the committee has determined which cases the DVFRT will review, the chairperson will submit the decedents' names to the team representatives, at least one month prior to the DVFRT review, so that the representatives may research agency/organization files to determine what, if any, records and/or other information they may have on the decedents that can be disclosed to the DVFRT.
- (d) The CSC will conduct a post Danger Assessment on each case it identifies for review. (Refer to Section 5-c for further information.)
- (e) Once cases have been identified, the CSC will determine whether any family or non-family individuals have information beneficial to a case review. If such individuals are identified, the CSC will appoint

representatives to interview each individual. (Refer to Section 5-d for further information.)

- (f) All decisions of the CSC will be by consensus or, failing that, by a two-thirds vote. The CSC may meet if only two members can be present, in which case all decisions must be unanimous.

## **(2) Case-related Materials**

Upon notification by the chairperson of cases that will be reviewed, individual team members will identify records pertinent to the case and will bring to the meeting those records that can be made available for the team review. Specific case-related materials would include:

- Law enforcement reports, including field reports, investigative and supplemental reports, call history, 911 tapes
- National Crime Information Center (NCIC), Maryland Inter-agency Law Enforcement system (MILES), or other criminal history records
- Court files, including court transcripts of hearings, pleas, and trials, for criminal, civil, family, and juvenile cases
- Mental health records
- Juvenile records
- Adult parole and probation records
- Weapons records
- Shelter/domestic violence provider records
- Court advocate records
- Adult and child protective services records
- Social services records
- Immigration records
- Medical and dental records
- Interviews with perpetrator's former intimate partners
- Information from victim's and perpetrator's families and friends
- Interviews with witnesses and neighbors
- Interviews with medical personnel
- Prosecution records
- Newspaper articles and media stories
- Autopsy reports
- Pre-trial services records
- Abuse intervention services reports
- Landlord or apartment building maintenance and complaint files

- Interviews with security guards
- School records
- Insurance policies
- Records and/or interviews with services such as suicide hotline, child support enforcement, job training programs, legal services
- Animal control reports
- Marriage counseling files
- Interviews with clergy and members of the congregation
- Records and interviews from victim advocates in law enforcement agencies
- Employment records
- Military records
- Adoption records
- Attorney files<sup>17</sup>

### **(3) Recognizing Barriers to Obtaining Information**

- (a) There will be barriers to obtaining all the information that the DVFRT needs to make the most informed findings and the most effective recommendations. In a voluntary process, many of the barriers will be more difficult than usual to overcome. However, it is important that the DVFRT recognize what the barriers are in order to overcome them or to move forward to acquire what it can.
- (b) The most common barriers are:
- Confidentiality/privilege
  - Statutory restrictions
  - Professional ethical requirements
  - Agency/organization policies
  - Fear of liability or self-incrimination
  - Personal resistance from individuals due to:
    - grief
    - lack of trust
    - invasion of privacy
    - guilt/denial
    - media exposure
  - Missing/incomplete/altered records
  - Inadequate or untrained staff
  - Difficulty in finding information by name or time lapses
  - Lack of subpoena power
  - Lack of releases of information by victims

- Lack of standardized data collection
- Lack of standardized number systems
- Victim-blaming
- Turf protection
- Domestic violence issues not recognized or understood
- Personal relationship of system players
- Sealing /expunging of records related to domestic violence misdemeanors
- Sources of information unknown or no longer available<sup>18</sup>

## **b. Case Profile**

A case profile will be developed that includes background, information concerning the involvement of agencies or organizations, related policies and procedures, what services were provided, and what were the results of the various referrals, interventions, encounters, and services. The profile will not be prepared in writing but will serve as a checklist for individual representatives to answer questions and to gather records and information that are relevant to their agency's/organization's aspect of the review. The following are questions that should be answered in developing the case profile:

### **(1) Background**

- What was the nature and history of the violence and abuse between the victim, perpetrator, and children?
- What were the circumstances surrounding the fatality?
- Who knew of suspected family or intimate partner violence, including families, agencies, organizations, and others such as neighbors, friends, and co-workers? How did they know?
- What actions were taken or not taken as a result of those contacts or awareness/suspicious of domestic violence?
- What information was available to each agency or organization involved in the case?
- Were danger assessments taken, what were the scores, and what actions were taken in light of the scores?
- What was the score of the post-lethality assessment?
- What is the victim's medical/behavioral history?
- What is the perpetrator's medical/behavioral history?
- What is the victim/perpetrator history for substance abuse?

## **(2) Agencies Involved**

- Which agencies (to mean any agency, organization, or other institution) had contact with the victim and perpetrator in the case?
- Which agencies had contact with the children, co-workers, and others affected in the case?
- Did any criminal justice or civil agency have contact with the victims or perpetrators? Were there any contacts for assistance and protection (victim, perpetrator, other family members or concerned individuals)? Detail circumstances: 911, hotline, and requests for services.
- What was the extent of involvement (if any) of the parties involved with the legal system and other related community services agencies?
- What interagency communication/collaboration was initiated in response to the case?

## **(3) Policies and Procedures**

- What do reviews of various agency policies, procedures, trainings, records, and practices reveal? Are written policies and procedures in place?
- Were all the current written policies and procedures complied with?
- What are the "best practice" procedures? How do these compare with those developed by other communities?
- Are current policies and procedures adequate? If not, how could they be improved?
- Were relevant statutes concerning domestic violence, protective and/or peace orders, stalking, firearms, etc, enforced?

## **(4) Services Provided**

- What services were offered/provided/declined?
- When did services and interventions occur?
- What does the event time line tell the team?
- What other services could have been utilized?

## **(5) Outcomes**

- What were the barriers to obtaining services for the victim, perpetrator and children?
- What were institutional barriers, e.g., language and cultural?
- Were statutes a barrier to assistance or prevention?
- What were the barriers to interagency communications?
- Did the enforcement of statutes appear or prove to have created greater risk to the victim, heighten or exacerbate an already dangerous situation, or bring the event to the fatal outcome?
- What specific interventions could have resulted in better outcomes?
- What kind of prevention strategies flow from the interventions identified?
- Were there any other significant recommendations?
- Does the team have all pertinent information it needs to complete a full review?<sup>19</sup>

**c. Post Danger Assessment**

The CSC will conduct a post Danger Assessment to determine as best as possible after the fact at what level of danger the victim was and what signs existed prior to the fatality.<sup>20</sup>

**d. Involvement of Other Individuals or Entities in the Review Process, Including Surviving Family Members**

**(1) Determining Significant Persons Associated with the Victim and Who Should Be Interviewed**

- (a) As part of the preparation for the team meeting, the CSC must determine who (individuals, agencies, or organizations) had contact with the involved parties and with significant persons associated with the parties, such as children, other family members, friends, or co-workers; what the extent of the contact was; whether there were any interventions by agencies; and whether there was any interagency communication or collaboration involving the parties.
- (b) Individuals designated as persons having information beneficial for a team review will be contacted by the representative assigned by the CSC. The representative will request and, if granted, conduct an interview.

- (c) In the case of non-family members, the representative will determine whether the individual's appearance before the DVFRT would be helpful to the review.
  - (i) If the representative so determines, he/she will extend an invitation to the individual to appear.
  - (ii) The representative will notify the CSC which will send a written invitation to appear to the individual.
  - (iii) Should the individual fail to appear, the representative who conducted the interview will report on the interview and his/her assessment of the individual's knowledge about the case.

## **(2) Involvement of Family Members**

- (a) The involvement in the review process of surviving family members is an important consideration because it is so dynamic and will change with each involved family. However, the family must be included in the process. In determining how extensively the family will be involved, the CSC will proceed on several levels.
- (b) The representative assigned by the CSC will contact the victim's closest family relative and advise the family member what the DVFRT is and that it will review the circumstances and events leading up to the victim's death. The representative will ask the family member what his/her thoughts are about the review, ask him/her to discuss it with other family members, and request that the family member or another family member acting on behalf of the family contact the representative to offer the family's views on the matter.
- (c) If the family is amenable to the process, a request will be made to conduct interviews with various family members whom the CSC has identified as being knowledgeable about the victim's circumstances or who might be recommended by the family member.
  - (i) At that time, the representative will explain to the family member the process that will occur, including information about disclosure, and provide the family member with a brochure that

explains the DVFRT process.

- (ii) If approved by the family members who will be interviewed, interviews will be arranged and conducted by the representative.
- (d) Family members may not be present for the victim's review. The DVFRT representative(s) who interviewed the family members will provide reports and assessments of their interviews.
- (e) Following the review a letter, in the language the family speaks, will be sent to the family advising them that the review has been completed and referencing an enclosed copy of the final report.
- (f) The family will also be referred for services, as requested or determined to be necessary and helpful by the DVFRT.<sup>21</sup>

#### **(4) Interviews and Disclosure Prior to Conducting Interviews**

- (a) The CSC will assign interviews to team representatives who are domestic violence counselors or advocates by profession.<sup>22</sup>
- (b) Interviews will be recorded or transcribed in a form suitable for presentation to the DVFRT.
- ©) The CSC will also assign an accompanying representative to serve as a witness.
- (d) Recognizing that such interviews may be an emotional experience for the person giving the interview and may reveal sensitive information, prior to conducting the interview with a family or community member, the representative will inform the person that:
  - (i) The representative will prepare a written report of the interview for presentation to the DVFRT, and should that document ever be subpoenaed or otherwise legally requested, the DVFRT would be required to surrender the requested document; and
  - (ii) Anything the person tells the representative

would be disclosable, for example, if the representative were ever subpoenaed to testify in a civil case, if the media obtained information from the DVFRT, or if new information relevant to the criminal investigation of the case or any other case were revealed.

- (e) Before beginning the interview the representative will:
  - (i) Give a copy of the "Authorization to Give Interview" to the person to read;
  - (ii) Explain the contents of the authorization form for the person and clarify any information that the person does not clearly understand, and
  - (iii) Obtain the signature of the person on the authorization form signifying whether the person wishes to grant or not to grant the interview. If the person declines to grant the interview and does not wish to sign the form, that is the person's prerogative. (**See Appendix 3** for "Authorization to Give Interview."<sup>23</sup>)
- (f) Once the interview report has been transcribed, the representative and witness will take the report to the person so the person may review and sign it. Any changes made to the report at the behest of the person will be made in writing on the report by the representative and initialed and dated by the person, the representative, and the witness.

#### **e. Convening of Meetings**

- (1) The chairperson will convene meetings of the DVFRT in January, April, July, and October. Scheduled meetings may be suspended if cases are not available for review or for other good cause.
- (2) Special sessions of the DVFRT may be convened if the chairperson or Individual representatives believe there is a need for the team to meet.
- (3) A need to meet may be based on new information about a case that has already been reviewed that affects the team's findings and/or recommendation, the lack of compliance

with the team's recommendations that requires an immediate intervention with the involved agency/organization, or a request of any representative for a reasonable cause.

**f. Confidentiality of Proceedings**

- (1) Especially in a voluntary setting in which the DVFRT exists, it is key to the successful operation of the review process that team member agencies/organizations and representatives are able to have trust in one another. Not all member agencies/organizations and representatives can or should be expected to proceed into a new process with that trust already established or assumed. Accordingly, to build an environment of confidentiality, all member representatives will sign a confidentiality agreement at the outset of their participation in the DVFRT. (**See Appendix 4** for *"Confidentiality Agreement by Representative."*<sup>24</sup>)
- (2) To ensure that confidentiality is observed, each team meeting will include a reading of the confidentiality agreement that each representative signed and a notification that all in attendance signed a letter.
  - (a) The chairperson will then pass around the same unsigned confidentiality agreement which must be signed by all in attendance, including new representatives who signed an agreement just prior to the meeting and the recorder. This agreement signed by all in attendance also serves as the attendance roster for that meeting. (**See Appendix 5** for *"Recurrent Confidentiality Agreement."*<sup>25</sup>)
  - (b) Any representative who had not previously signed the agreement will be given a confidentiality agreement before the meeting begins. In order to participate in the meeting the representative must sign the agreement. Refusal or a lack of prior authorization to sign the confidentiality agreement will bar the representative from participating in the meeting.
- (3) Before proceeding the chairperson will review the signed agreement to ensure that all in attendance have signed the form.
- (4) No representative will be permitted to sign a "Confidentiality

Agreement for Representatives" unless the representative's member agency/organization head has already signed a "Letter of Agreement and Cooperation."<sup>26</sup>

- (5) The chairperson will maintain a confidentiality file which will include all originals of the "Confidentiality Agreement by Representative" and the "Recurrent Confidentiality Agreement."
- (6) A breach of confidentiality constitutes cause for removal from the team.

## **6. Review Team Meetings**

### **a. Rules for Meetings**

- (1) Meetings may not proceed without a quorum. A quorum is constituted when a simple majority of the voting representatives are present.
- (2) Meetings will be called to order and presided over by the chairperson.
- (3) All matters dealing with the actual review of cases, not including information contained in the final report after it is released, are strictly confidential.
- (4) Matters dealing with administrative aspects of the meeting or points of order are not confidential.
- (5) The chairperson will recognize representatives who wish to speak during meetings.
- (6) The chairperson may not table or terminate a discussion without consensus, or failing that, without the concurrence of three-fourths of the voting representatives in attendance.
- (7) If the recorder is not available for the meeting, the chairperson will appoint a representative, preferably an alternate, to record minutes, case findings, and recommendations for that meeting.

### **b. Order of Meetings**

DVFRT meetings will be conducted in the following order:

- (1) Call to order.
- (2) Roll call.
- (3) Reading of the mission and purpose of the DVFRT.
- (4) Reading of the confidentiality agreement.
- (5) Signing of the confidentiality agreement by all representatives in attendance.
- (6) Old business.
- (7) Follow-up on previous recommendations.
- (8) Case reviews, findings, and recommendations.
- (9) Discussion about release of the final report (at October meeting).
- (10) Evaluation of the review process.
- (11) Open forum for further discussion, comments, observations, or questions.
- (12) Adjournment.

**c. Conducting the Review**

**(1) Lead Presentation**

When the chairperson calls for the particular case, the law enforcement agency that investigated the fatality will serve as the lead presenter of information which the law enforcement agency has concerning the party(ies), contacts, and events immediately leading up to the fatality. The law enforcement presenter will tailor his/her presentation to the questions outlined in the "Case Profile."

**(2) Review of Available Documents**

The team representatives will then have an opportunity to review available written documents.

**(3) Questions**

Representatives will next have the opportunity to ask questions about the case. Close scrutiny will be given to the background, agencies involved, policies and procedures, services provided, outcomes, and the danger assessments.

**(4) Findings**

Upon completion of the review, the chairperson will ask representatives to offer findings. Each finding by the team must be reached by consensus, or, failing that, approval by three-fourths of the voting representatives.

**(5) Discussion of Opposing Findings**

After the findings have been approved by a three-fourth's vote, the chairperson will ask for viewpoints that differ from the presenter's findings. A discussion about any opposing findings will ensue, and, if the opposing views are not brought into agreement with the majority findings, a minority report will be presented with the particular finding or findings about which there is disagreement.

**(6) Recommendations**

Following the discussion of findings, the chairperson will ask for recommendations. Recommendations must be seconded, and be approved by consensus or, not reaching consensus, by three-fourths of the voting representatives.

**(7) Action Concerning Recommendations**

With each case that is reviewed, the chairperson will instruct each representative whose agency was involved in a finding and recommendation to take the particular finding(s) and recommendation(s) to the agency head with a request for consideration and action. At the next meeting, and subsequent meetings, if necessary, the representative will provide a report of what, if any, action was taken concerning the recommendation(s).

**(8) Conclusion of Review**

The review of cases will conclude when the final case has been reviewed and findings and recommendations have been made.

**d. Decision-making**

As noted above, all decisions as to findings and recommendations of the team will be reached by consensus. If consensus cannot be reached, approval must be obtained by a vote of three-fourths of the voting representatives, except for elections which will be decided by a simple majority vote.<sup>27</sup>

**e. Evaluating the Review Process**

At each meeting, the DVFRT will have a review of its own protocol and review process to determine if changes are necessary to improve the process.

**7. Final Report**

**a. Final Report**

A written final report will be prepared annually for the four meetings held during the calendar year and will be disseminated in January.

**b. Recording the Team's Findings and Recommendations**

- (1) The DVFRT's final report will not ascribe findings and recommendation to particular cases. While it may cite the names, dates of death, age, method of death, and relationship of the perpetrator, the report will not lay out the individual circumstances of the fatalities. If circumstances are described, they will not be attributed by name to the cases reflected by the circumstances.
- (2) The DVFRT will make findings concerning significant facts about cases, services, interventions, and events leading up to fatalities.
- (3) The DVFRT will make recommendations to address needed changes and/or initiatives in the areas of agency responsiveness, agency policy and procedures, services, intervention strategies, the law at the local and state level, community education, and training.

**c. Format**

The DVFRT will prepare the final report in the following format:

- (1) An executive summary;
- (2) An overview which provides basic information about the DVFRT meeting: date, time, location, attendance by name and agency, and number of cases it reviewed; and a quantitative summary of the DVFRT's findings;
- (3) Findings and recommendations based on the fatality reviews

conducted by the DVFRT;

- (4) Status of prior recommendations;
- (5) Other noteworthy actions taken by the DVFRT; and
- (6) Appendices.<sup>28</sup>

**d. Final Approval**

When the report has been drafted, the chairperson will submit the draft to all representatives and the heads of the member agencies. The chairperson will ask the representatives and agency heads to review the draft and to submit amendments that change inaccuracies, grammar, and manner of presentation. No substantive changes to the report may be made. Representatives and agency heads will be asked to submit their approval of or “no objection” to publication of the final report

**e. Distribution**

- (1) The final report will be distributed to all member agencies/organizations, county and municipal governments, county representatives, the family of victims whose cases were reviewed, county media outlets, and other entities that have oversight concerning victim matters, in particular, the Maryland Governor’s Office of Crime Control and Prevention, the U.S. Office of Victims of Crime, the U.S. Violence Against Women Office, and the National Domestic Violence Fatality Review Initiative.
- (2) The report will also be posted on a website determined by the DVFRT.
- (3) In the case of victims’ families, a separate, personalized cover letter will be sent with the final report.

**f. Method of Communicating the Final Report**

The chairperson will prepare a cover letter transmitting the final report.

**8. Appointment and Training of New Team Member Agencies/Organizations and/or Representatives**

**a. Appointment of New Team Member Agencies/Organizations**

### **and/or Representatives**

- (1) The appointment of new agencies to the DVFRT will be based on the recommendation and justification of a voting representative, and a consensus of the voting representatives. If consensus is not reached, a motion must be made by a voting representative and seconded, and approval must be given by three-fourths of the voting representatives present at the meeting.
- (2) The chairperson will send a letter of invitation to the newly approved agency, and request the agency head to:
  - (a) Appoint primary and alternate representatives;
  - (b) Sign a "Letter of Agreement and Cooperation"; and
  - (c) Have the representatives sign a "Confidentiality Agreement by Representative."

### **b. Training of New Team Member Agencies/Organizations and/or Representatives**

The chairperson will send new member representatives and new representatives from current member agencies a copy of the protocol and training materials developed by the DVFRT, and request the new representatives to review these materials before the next meeting.

## **9. Continuing Education and Training of Team Representatives**

- a. The DVFRT will subscribe to the Fatality Review Bulletin published by the National Domestic Violence Fatality Review Initiative.
- b. The DVFRT will seek to send representatives to national or state conferences so that reports can be provided to the DVFRT.
- c. The DVFRT will establish an email group so that the team may make one another aware of new information.
- d. The chairperson will provide updates on articles or pertinent information to representatives.
- e. When meetings are held, if new information has been published, the chairperson or another representative knowledgeable of the information will provide a report to the rest of the team.

- f. With the concurrence of three-fourth's of the voting representatives, the chairperson may convene a training session.

## **10. Resigning from the Team**

Primary and alternate representatives may resign from the DVFRT through written notice to the chairperson. The resigning representative will seek, at the time of his/her resignation, to have a replacement and notify the chairperson of the new representative's name in the letter of resignation. If a replacement's name is not available, the resigning representative will seek to assure the chairperson that his/her replacement will assume the position of primary representative in time enough to prepare adequately for the DVFRT's next meeting, and that the agency will notify the chairperson of the replacement as soon as practicable.

## **11. Media Relations**

### **a. Establishing a Positive Relationship**

Because the media plays an important role in reporting instances of domestic violence and domestic violence fatalities, the DVFRT will seek to establish and maintain a positive working relationship with the media and to provide information to the media that will better inform its coverage and provide a connection to domestic violence advocates and others knowledgeable about domestic violence.<sup>29</sup>

### **b. How the Media Can Help**

The DVFRT recognizes that the media can aid the team in the fulfillment of its mission by "publicizing the work products of the team. Very often, teams recommend greater awareness and deeper public understanding of domestic violence, as well as system reforms and additional resources for domestic violence agencies. The media is key to getting the word out and thus promoting needed social change."<sup>30</sup>

### **c. Information Exchange**

Accordingly, the DVFRT will proactively offer to the press information it considers to be of a public nature and educational, and will seek information from the media that will enhance the review process generally and specifically.

- (1) The DVFRT will not willingly provide information it would consider too sensitive for public consumption, such as names of family and community members who were intimately

involved in aspects of the victim's life that were related to domestic violence, names of victims in the context of events that would tend to unnecessarily identify family or other community members, certain events that would readily and unnecessarily identify the victim and/or family and other community members, information that the DVFRT would not consider educational or would consider detrimental to the well-being of the victim's family.

- (2) Should the press seek information that is of a public nature but that the DVFRT considers too sensitive for public consumption, the chairperson will contact the media and ask it to consider the reasons the DVFRT believes specific information should not be published.
- (3) The above conditions notwithstanding, the DVFRT recognizes that, upon a legal request, it likely will be required to release requested documents.

**d. Public Information Officer**

- (1) The chairperson will serve as the public information officer for the DVFRT.
- (2) All media contacts concerning any aspect of the DVFRT will be referred to the chairperson, or the vice-chairperson in his/her absence.
  - (a) If inquiries are made concerning an individual agency, the chairperson will refer the media to the public information officer of that agency.
  - (b) The chairperson will then notify the agency's public information officer of the referral.

**Appendices**

1. Letter of Agreement and Cooperation
2. Confidentiality Agreement by File Supervisor
3. Authorization to Give Interview
4. Confidentiality Agreement by Representative
5. Recurrent Confidentiality Agreement

## Endnotes

1. Sections and subsections that are not endnoted were developed by the DVFRT as part of its protocol development process between January and July 2004. The development history of individual sections and subsections is contained in the minutes of the January - July meetings maintained by the lead agency.
2. “Family and Intimate Partner Violence: Fatality Review Team Protocol–Second Edition,” Virginia Department of Health, Office of the Chief Medical Examiner, December 2002, p. 2. The DVFRT fashioned Sections 2-a and 2-b after the Virginia “Purpose” statement.
3. “Lethality Assessment Tools: A Critical Analysis,” Neil Websdale, VAWnet Applied Research Forum, 2000, pp. 5-7.
4. Violence Against Women Act grant: VAWA-2003-1143.
5. The VAWA grant under which the DVFRT is funded expires on September 30, 2004.
6. Ibid.
7. Since the State’s Attorney’s Office currently serves as the lead agency, the mailing address of the DVFRT is the office location.
8. The Medical Examiner’s Office was included as result of a discussion at the first meeting of the DVFRT on January 15, 2004. The chairperson, David Cordle, subsequently contacted the office and the Medical Examiner appointed a representative who will not participate in the development meetings but will begin service when the team begins case reviews.
9. The determination to invite both the primary and alternate representatives to attend meetings was reached by consensus at the briefing of agency heads on domestic violence fatality review on December 12, 2003, held at the State’s Attorney’s Office.
10. The consensus approach was based on “Family and Intimate Partner Violence: Fatality Review Team Protocol–Second Edition,” Virginia Department of Health, p. 12. Although the DVFRT adopted a consensus approach, it agreed that the reasonable alternative would be by a vote of three-quarters of the voting representatives.
11. The DVFRT “Letter of Agreement and Cooperation” used as a guide the Hamilton County, Ohio, Domestic Violence Death Review Panel letter of agreement, as shown in “Family and Intimate Partner Violence: Fatality Review Team Protocol–Second Edition,” Virginia Department of Health, Appendix G, p. 29.
12. During the actual election of a vice-chairperson during the meeting of April 15, 2004, the DVFRT realized that an election by three-quarters of the voting members could become a cumbersome process. Accordingly, it decided to amend the standard three-quarters provision it had established for voting actions to a simple majority in the case of the election of officers and of members to the Case Screening Committee.

13. The concept of the Case Screening Committee as an operational tool was recommended during the team meeting of February 19, 2004.
14. The “Confidentiality Agreement by File Supervisor” was created by the DVFRT to address a protocol for the position of file supervisor which it created in response to the establishment of the Domestic Violence Fatality Review File, both of which were established as part of the DVFRT development process, January through June 2004.
15. This is a broad and generic definition to permit the DVFRT to review cases where the issue of power and control evidences itself.
16. “Domestic Violence Fatality Reviews: Recommendations from a National Summit,” Louis W. McHardy and Meredith Hofford, p. 7: “For many reasons, fatality review teams must consider very carefully the disposition of cases to be reviewed. Summit participants grappled with whether to review open cases, i. e., those that had not been fully adjudicated. Generally, participants agreed that for many reasons—confidentiality, discovery, liability, etc.—closed murder cases or open murder/suicide cases were the most appropriate to review.”  
  
“Reviewing Domestic Violence Fatalities: Summarizing National Developments,” Neil Websdale, Maureen Sheeran, and Byron Johnson, p 45: “Another key issue is whether to review open or closed cases. Research in Florida reveals that reviewing cases pending prosecution is problematic because the state is unwilling or unable to share information that might compromise a conviction.”  
  
Virginia, for example, under Virginia Code, § 32.1-283.3 (E), requires that “(T)he review of a death shall be delayed until any criminal investigations or prosecutions connected with the death are completed.”
17. “Domestic Violence Fatality Reviews: Recommendations from a National Summit,” pp. 9 and 10.
18. Ibid., p. 10.
19. “Family and Intimate Partner Violence: Fatality Review Team Protocol—Second Edition,” pp. 8 & 9.
20. Lethality assessment is mentioned in “Family and Intimate Partner Violence: Fatality Review Team Protocol—Second Edition,” p. 8. Nevertheless, the Maryland Network Against Domestic Violence is developing a statewide lethality assessment instrument and protocol and is pursuing both lethality assessment and fatality review simultaneously. The “Danger Assessment” is the instrument that has been pioneered by Dr. Jacquelyn Campbell of Johns Hopkins University and has been adopted by the statewide Lethality Assessment Committee as the instrument of choice for people and institutions who are experienced in domestic violence and have the luxury of time to administer the tool. It is the proper instrument for the Case Screening committee to use.
21. Though the procedure concerning family involvement was developed independently by the DVFRT, the DVFRT was guided by the work of “Domestic Violence Fatality

- Reviews: Recommendations from a National Summit,” p. 13, and “Family and Intimate Partner Violence: Fatality Review Team Protocol–Second Edition,” Appendix K, p. 35.
22. “Family and Intimate Partner Violence: Fatality Review Team Protocol–Second Edition,” Appendix K, p. 35, concerning interviews being conducted by team representatives “experienced in crisis intervention or grief counseling.”
  23. The “Authorization to Grant Interview” was created by the DVFRT to address concerns about the disclosability of information provided during interviews, as part of its development process, January through June 2004.
  24. The DVFRT “Confidentiality Agreement by Representative” is based on the Washington State Domestic Violence Fatality Review Project “Agreement to Maintain Confidentiality,” as shown in “Family and Intimate Partner Violence: Fatality Review Team Protocol–Second Edition,” Appendix H, p. 33.
  25. The DVFRT “Recurrent Confidentiality Agreement” is based on the Washington State Domestic Violence Fatality Review Project “Agreement to Maintain Confidentiality,” as shown in “Family and Intimate Partner Violence: Fatality Review Team Protocol–Second Edition,” Appendix H, p. 33.
  26. “Family and Intimate Partner Violence: Fatality Review Team Protocol–Second Edition,” p. 6. With reference to Appendices G and H, pp. 29 -33, concerning confidentiality agreements.
  27. As previously noted, the consensus approach was based on “Family and Intimate Partner Violence: Fatality Review Team Protocol–Second Edition,” Virginia Department of Health, p. 12.
  28. The DVFRT used the “Findings and Recommendations from the Washington State Domestic Violence Fatality Review” as a model, with changes, for its report.
  29. See “Covering Domestic Violence: A Guide for Journalists and Other Media Professionals,” Washington State Coalition Against Domestic Violence, June 2002, p. 1.
  30. Websdale, undated quote.

## **Appendix 4- Danger Assessment Questionnaire**